

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: <u>12/16/94</u>		2 Serial/Patent # <u>08/333 680</u>						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT				
<input checked="" type="checkbox"/>	Filing			\$ <u>1497</u>				
<input type="checkbox"/>	Amendment			\$				
<input type="checkbox"/>	Extension of Time			\$				
<input type="checkbox"/>	Notice of Appeal/Appeal			\$				
<input type="checkbox"/>	Petition			\$				
<input type="checkbox"/>	Issue			\$				
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$				
<input type="checkbox"/>	Maintenance			\$				
<input type="checkbox"/>	Assignment			\$				
<input type="checkbox"/>	Other			\$				
			7 TOTAL AMOUNT OF REFUND	\$ <u>1497</u>				
8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check						
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:						
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">03</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">11</td> <td style="width: 20px; text-align: center;">84</td> </tr> </table>			03	--	11	84
03	--	11	84					
<input type="checkbox"/>	No Fee Due (Explanation):							
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>Dorothy Nelson</u>		TITLE: <u>Esprn</u>						
SIGNATURE: <u>Dorothy Nelson</u>		PHONE: <u>308-1202</u>						
OFFICE: _____								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****								
APPROVED: <u>[Signature]</u>		DATE: <u>1/6/95</u>						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**